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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF HOUR-GLASS CONTRACTION
OF THE UTERUS BEFORE DELIVERY.BY DR. G. M. NOBLE,
Of Wallingford, Vt.

Mrs. J. M. was taken in labor Sunday noon, June 7th. I saw her on Monday, about 2 o'clock, A. M. The pains had not been frequent nor of long duration; the os uteri was high up; I could not reach it so as to feel the centre of it; but it appeared as if dilatation had begun. At the next examination I could reach it. The os uteri then, when contracted, would only admit the end of my finger. The pain did not seem to produce any pressure on the os uteri. About noon it had dilated so that the diameter across would be about three inches. I could feel the head resting on the symphysis pubis, and the membrane filled with water. About an hour after the membrane burst, a little water escaped, but the head did not descend into the pelvis, as heads generally do after the water escapes. About four o'clock the head had descended so low that I thought I could apply the forceps. The presentation was unfavorable, the face looking forward. I thought instrumental aid necessary, and I applied the forceps. I could move the head, but all the force I dared to use could not deliver it. Thinking that the head was too large to be delivered entire (which was undoubtedly the case) I opened the head, removed the brain, and tried the crochet, but was as unsuccessful as with the forceps. I then pushed back the head and introduced my hand to see if there was any deformity that prevented

the delivery. I passed my hand around the head, but could pass it no further, for the uterus was contracted around the neck of the child, as it does around the umbilical cord in an hour-glass contraction. I tried to pass my finger between the neck and this contracted uterus, but did not succeed. I withdrew my hand, but, feeling sure that this was an hour-glass contraction, I introduced it again to try to relax the stricture, but failed again. I then placed my fingers under the chin, and succeeded in bringing it down, so that I could get hold of the bones of the cranium with the thumb and fingers of my other hand, and in this way I delivered the head.

I waited a little to let the patient rest. The pains coming on again I took hold of the child, and by using a great deal of force it was delivered. Fearing the hour-glass contraction, I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contraction of the uterus to expel it, which it did soon.

The child was much the largest that I ever saw. The attendants thought it as large as children generally are at eighteen months old. The coffin measured nine inches across, where the shoulders were placed, and those who saw it in the coffin said it filled it. I went the next day to the house, intending to measure and weigh the child, but they had buried it.

If I had brought the lower part of the os frontis under the symphysis pubis with the crochet, I should probably have delivered the child, and never have known anything about the hour-glass contraction. I think now that I have seen a similar case, but the child being

smaller was delivered without introducing the hand. The most remarkable feature in this case, was the ineffectual nature of the pains. The strongest pains did not seem to move the head. After the water escaped, the head did descend, but the descent might have been caused by its weight; for I placed my fingers in such a position that I could detect any movement of the head, and could not perceive that the strongest pains moved it. This hour-glass contraction must prevent an expulsive effort. It made the action of the uterus like that of a closed sac contracting down upon its contents. After the head was delivered, I think the stricture became relaxed, for the pains appeared to assist me in the delivery. If it had not been so, I think the body could not have been delivered without dissection.

COMPOUND FRACTURE OF THE FEMUR.

BY J. A. DIBRELL, M. D.,
Of Little Rock, Ark.

Col. D. O'S., æt. 37, Irish, tall, well developed, naturally florid complexion, a free liver, varicose condition veins right leg, was one of the victims of the recent internecine strife which took place in this city.

During the skirmish and stampede occurring on the afternoon of 21st April last, he received two gun-shot wounds, caused by the discharge, at short range, of a double barrel shot gun, loaded with large size buck shot. One of the shot penetrated the right thigh on its outer aspect, and fractured the femur at the junction of the middle and lower thirds. A second shot entered the left leg on its inner aspect, two and one quarter inches below the knee-joint, crushing the tibia to the extent of two and one half inches below the point of entrance, and fracturing the fibula beyond. The crest of the tibia at the lower extremity of the fracture cut a small opening at that point, through the integument.

The patient was carried from the street where he was wounded to a temporary place of safety, where I found him, a few minutes after the occurrence, lying on the floor, with the injuries as above described, quietly smoking a cigar, and with no appreciable collapse.

Persistent efforts were made at this time to find and extract the balls, but to no purpose. In each instance when the probe was introduced into the wound in the leg, its progress was

interrupted by fragments of bone, nor could the ball in the thigh be localized, though repeated trials were made by different surgeons, with both the ordinary and Nelaton probe.

A temporary dressing was then applied to both wounds and the patient allowed thus to remain until the next day, when he was removed to the residence of a friend, in order that his wants might be properly cared for.

A consultation was then had, being participated in, by the following medical gentlemen, viz: Drs. Dungan, Watkins, Murphy, Smith, Southall, Hooper, Pendleton and Dibrell. By them it was decided that little was to be gained by amputation, and that the patient's chance of life would be greater without an operation of that character. It was thought that no good result could follow the amputation of a single limb, and that a dual amputation would most certainly be followed by death. But little hope was entertained, either of saving the patient's life or limb, with or without an operative procedure.

A roller bandage was then applied to the right leg and thigh, and placed upon a double inclined plane. Boyer's apparatus applied to the left leg, and cold water freely used upon both wounds. These dressings were continued for a period of seven days, when it was found to be altogether inapplicable, owing to the fact that the sufferer could in no way change the position of his body without disturbing the fractured limbs. And again, it was found almost impossible to use the bed pan. A fracture-bed could not be had. Smith's anterior splint was now placed upon the thigh, and another splint quite similar in appearance, such as is described by Dr. Packard, in the April number, 1874, *American Journal of Medical Science*, was applied to the leg. Two upright pieces of wood, five feet high, were secured to the sides of the bed, and a similar piece placed horizontally, extending from the top of one upright piece to the other. To this, by means of pulleys attached, both limbs were suspended. This arrangement was found to answer the purpose in every particular, allowing considerable movement of the body without pain, or risk of displacing the fractured bones.

It was not deemed necessary to alter these appliances in any respect during the entire progress of the case, which from this time forward was more favorable than the most sanguine could have expected. From the second day a

weak solution of carbolic acid was kept constantly to the wounds, until the active inflammatory symptoms had disappeared and suppuration fully set in, when carbolic acid cerate, spread on cloths, was substituted for the carbolic solution.

At the end of the fourth week the fibula had united. Union occurred in the femur between the fifth and sixth weeks. The fragments in the tibia were rather slow in uniting, union being delayed until near the eleventh week.

The patient, from the first, was placed upon a generous diet, in conjunction with stimulants. Quinia. sulph. and tr. fer. chloridi was administered three times a day for a period of ten days, beginning two weeks after the injuries were received. But beyond an occasional anodyne, no other therapeutical measures were resorted to.

The wounds healed in the leg during the sixth week, and in the thigh during the ninth week. The varicose condition of the veins referred to above has entirely disappeared.

The patient is now, thirteen weeks since wounded, able to walk about town, with the aid of his crutches. Between one-eighth and one-quarter of an inch shortening exists in the right femur, but firm bony union has taken place in all the bones, and the patient will doubtless, in a few months, be able to walk almost as well as ever.

To Dr. D. H. Dungan, of this city, I am indebted for many valuable suggestions, during the entire continuance of the case.

The above case is reported as an example of conservative surgery, and as illustrating the power of nature in certain cases to heal, grave prognostications of the doctors to the contrary notwithstanding.

ON ADHERENT PLACENTA AS ASSOCIATED WITH RHEUMATIC DIATHESIS.

BY BEDFORD BROWN, M. D.,
Of Alexandria, Va.

With the hope of contributing something to the pathology of adherent placenta, the causes of which are surrounded with so much obscurity, the history of five cases of this affection is given to the profession. Three of these five cases occurred in one married woman, already the mother of two children, in three successive pregnancies. Two cases occurred in primiparæ. All were persons in the middle or lower walks

of life, and consequently not only accustomed to constant labor, but also frequent exposure to wet and cold. Indeed, in an experience of more than twenty years, all the cases, six in number, occurring in the practice of the writer, were in individuals of the lower classes.

Five of these cases occurred in persons who were decidedly the subjects of rheumatic diathesis, and who had acute rheumatism, either just preceding or during the state of pregnancy.

CASE 1. A colored woman, aged about twenty-two years, during the early months of her first pregnancy was much exposed, in consequence of which she contracted a sub-acute rheumatism, which continued until delivery, when it was found that the placenta was extensively adherent to the front wall of the uterus. The adhesions were so strong and tenacious as to necessitate the breaking down of the placenta, and removing it in detached portions. The uterine wall at the seat of attachment was thickened and indurated, and was covered with a thick exudative material which adhered strongly to the uterine surface.

During the entire pregnancy this woman had suffered from abdominal pain and tenderness, which were attributed to rheumatic affection of the abdominal muscles. Soon after confinement, acute rheumatism was developed, which continued for five weeks.

CASE 2. A married woman with first child, aged twenty-six years. Had just previous to pregnancy recovered from a protracted attack of sub-acute rheumatism, which had left some of the joints enlarged and stiffened, and which were still somewhat painful. After delivery, the placenta was found to be entirely adhered, but not so firm as to prevent its being pulled off en masse. The tissue of this body was densely filled with myriads of minute deposits of calcareous formation, which added greatly to its weight, and to the difficulties of removing it. Notwithstanding the peculiar organization of the placenta, the child was unusually large and vigorous, showing that its nutrition and development had not been retarded.

CASES 3, 4, 5. A woman aged about 33 years, the mother of two children, had, up to twelve months preceding her third pregnancy, enjoyed uninterrupted, and even vigorous health. At about that time, from imprudent exposure, she contracted an attack of acute rheumatism, which confined her to the house for many months, and produced complete ankylosis of one knee joint.

During this illness she became pregnant with her third child. Throughout the entire pregnancy she continued to suffer more or less from the rheumatic affection. After delivery the placenta was found to be firmly and extensively adherent to the right side of the uterus. The adhesions were so firm that it became necessary to break down the placenta and remove it in small portions. The uterine wall, at the point of attachment, was indurated, and thicker than natural, and as in the first case, was covered with a thick exudation, which could not be removed without doing violence to the uterus.

In two years after, in 1872, this female became pregnant again, and was delivered of a living child, the fourth. In this case the placenta was again adherent, and had to be removed by manipulation. The locality of the attachment was about the same, if not the identical point of the former. The uterine tissue at this point was again found to be thick and indurated, and coated over with a dense substance almost cartilaginous in character. During this pregnancy the rheumatic affection, though better at intervals, had never entirely disappeared.

In the autumn of 1873 this woman became pregnant again, and in the spring of 1874 was delivered of a large, healthy child. The placenta was found to be adherent a third time. The entire mass was firmly and most tenaciously adherent in the neighborhood of the old locality. Nothing but absolute destruction of the entire afterbirth enabled me to remove it, and then only in small pieces. After every particle had been removed, there still adhered to the uterine wall a thick coating of exudative material, to which were attached numerous small shreds, which could not be removed. Near the seat of this attachment a very thick indurated point in the uterine substance could be detected by the hand in the operation of exploration, raised considerably above the surface, which was evidently the seat of one of the former adhesions. To the touch, this hard, rugged portion, projecting from the uterine surface, presented a most marked difference from the soft mucous membrane surrounding it. It is proper to state the fact here, that in all of these pregnancies the patient suffered from pain and uneasiness in the uterine region in unusual degree, so that in the two last she confidently predicted the actual state of things which were revealed after delivery.

The facts in connection with these cases pre-

sent features of interest bearing on two questions; one, whether the uterine tissues are really subject to rheumatic disease in its acute form, or not; the other, whether, if this be true, the uterus is, during pregnancy, in a constitution suffering from rheumatic diathesis, liable to take on this species of inflammation and cause morbid adhesion of the placenta.

The female who had three successive cases of adhesion had no symptoms of this whatever in her pregnancies previous to the original invasion of rheumatism. In but one of these cases, the second, was there perceptible morbid alteration in the structure of the placenta itself. On the contrary, the evidences of morbid change appeared to be confined to the uterine tissue, in four out of the five cases.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY,

June 10th.

DR. HERMAN KNAPP, PRESIDENT.

Cæco-Typhlitis.

Dr. Henry B. Sands recited the history of a case of pericæcal abscess, in which the diagnosis rested for a time between impaction of feces, internal hernia, intussusception and cæco-typhlitis. The history of the case was to the effect that a tumor developed in the right iliac region, and with it there was constipation, which was relieved, however, by a cathartic. During the week, symptoms of a low grade of peritonitis appeared. Tympanitis increased from the onset, till the fourth day, then subsided. The temperature ranged from 101° to 102° Far., and the pulse did not exceed 100. At the end of a week the symptoms of peritonitis improved, but the iliac tumor remained without change. On the twelfth day had a chill; the temperature increased to 101°, and on the next day had another chill, the temperature rising to 102°. At this time, when the tumor was examined it was found to have softened and increased considerably in size, rising up towards the thorax. It was now considered advisable to have recourse to operation to evacuate the pus. The operation was that pursued by Dr. Willard Parker. Six ounces of pus followed the incision, and, on exploring the wound by the finger, two hard masses were removed, apparently of a fecal nature. In washing the wound out afterwards eight or nine bodies of the same kind came away. The operation relieved the patient completely. Dr. Sands says that he can call to mind two cases similar to the present, where resolution took place after the first week. Dr. Janeway said that the great danger in cases like the present, where a large abscess burrows

in the iliac fossa, is thrombosis of the iliac veins and secondary abscess of the liver.

Removal of Epithelioma, and Treatment by Plastic Operation.

Dr. Knapp called Dr. Mason to the chair, and presented a woman who previously had appeared before the society. She had had what was supposed to be a rodent ulcer of the inner canthus of the eye, but which turned out to be epithelioma. There was also a tumor on the forehead, and on examination by the microscope it gave evidences of alveolar cancer. The epithelioma was first excised, then a flap from the forehead dissected off and turned down into the site of the epithelioma. The operation was markedly successful, relieving, to a great extent, the previous deformity. The age of the patient was twenty-nine years, a very early age for malignant disease to show itself.

Gummy Tumor of Dura Mater, with Pachy-Meningitis.

Dr. A. L. Loomis presented a case of special interest to those interested in brain lesions from a specific cause. At first appearance it seemed to be pachy-meningitis, but, on examining it more closely, it turned out to be a gummy tumor, situated beneath the meninges of the brain. The history of the case was as follows: The patient was a German, aged forty-two, and entered Bellevue Hospital in a semi-comatose state on June 3d. He had a primary sore about two years previously, followed by secondary symptoms. Was able to work until eighteen months ago, when he was seized with an attack of partial hemiplegia. After three months' confinement to his room, improved, but in another month convulsions came on. These were not of an epileptiform character. Three days before being admitted to hospital, had five convulsions, but after them was not wholly unconscious. There was no facial paralysis. On admission the pulse was 50; temperature $97\frac{1}{2}$; passed water and feces; had pain in the right side of the head; in twenty-four hours after the coma deepened and became profound, and at the end of the third day patient died. There was no paralysis. On the day of the patient's death the temperature rose to 104, and the pulse to 150. The treatment consisted in giving Ziij of pot. iod. in twenty-four hours.

Autopsy.—The dura mater of the right hemisphere was thickened over an area of two inches. Underneath this there was a gummy tumor attached to the pia mater. The inner table of the skull over this tumor was slightly hollowed out. In left corpus striatum was found a cyst, showing the existence of old extravasation. In answer to Dr. Knapp. Dr. Loomis said there was no disorder of vision, but he was sorry that he was unable to get an ophthalmoscopic examination.

(Since Dr. Loomis presented the foregoing case, another one nearly similar entered Bellevue Hospital; the characteristic feature of this latter case was a muscular twitching on the left side; the tumor was on the right, and sometimes a general convulsion, always beginning

on the left side. A history of syphilis was obtained, and the correct diagnosis made out before death. At the autopsy no tumor could be made out on the scalp, but when the scalp was removed, a distinct projection was detected over the growth. As in the previous case, the gummy tumor was situated beneath the dura mater.)

Operation for Deformity of the Toes.

Dr. Post exhibited a plaster cast of the foot, showing deformity of the toes, for which he had operated. The deformity was the result of a subluxation, and to remedy this, Dr. Post carried an incision down and through the tissues over the distal extremity of the phalanx, dividing the tendon, then excised the deformed end of the phalanx. The wound healed by first intention.

Dr. Post brought to the notice of the Society the death of Dr. Sprague, of Fordham, N. Y. The day before his death he was quite well. The first signs of sickness he noticed was when on a visit to an institution. He was first seized with nausea and vomiting, which gradually deepened into coma and death. The post-mortem showed signs of hyperæmia of both kidneys, the right one being apoplectic.

Dr. Loomis was of opinion that the case presented the appearance of a congestive chill, particularly as Dr. Sprague had suffered from malaria not very long ago.

Rupture of Liver, Pleurisy, and Embolism of Middle Cerebral Artery.

Dr. E. G. Janeway presented a case of laceration of the liver. The patient was a boy who fell from a height of thirty feet, and hit on his side. After a period of about a week he developed pleurisy. The day before his death he became speechless.

Autopsy.—The middle cerebral artery was plugged with an embolus for nearly an inch, near the island of Riel. The island of Riel itself was softened, as well as a portion of the corpus striatum. There was no disease of the cardiac valves, but on examining the heart closely a soft mass of vegetation was found on the ventricular surface.

The liver showed where it had been lacerated, and in the hepatic vein was discovered a thrombus, which extended into the vena cava.

AMERICAN OTOLOGICAL SOCIETY.

The seventh annual meeting was held at Newport, R. I. July 15th, 1874, Vice-president, Dr. Blake, presiding.

Drs. Ezra Dyer, of Pittsburgh, Pa., and S. C. Merrill, of Albany, N. Y., were elected members.

Valuable papers were read on a variety of subjects relating to the ear, after which the following officers were elected: President, Dr. D. B. St. John Roosa, New York; Vice-president, Dr. C. J. Blake, Boston; Secretary, Dr. J. Orne Green, Boston.

The death of Dr. J. W. Lawton, of Syracuse, N. Y., was announced, and Dr. Rider gave a brief history of his life.

EDITORIAL DEPARTMENT.

PERISCOPE.

A Fertile Source of Venereal Contagion.

At a meeting of the Medical Society of London, reported in the *Medical Press and Circular*, February 25th, 1874, Mr. Morgan, of Dublin, pointed out that the great source of the propagation of the milder forms of the venereal disease was the inoculation by contact of the vaginal discharge (muco-purulent or purulent, as the case might be) of women when suffering from a syphilitic taint. He had been forced to this opinion from the result of a large number of testings he had made. These were performed by means of inoculation as practiced by Ricord, and the virus was taken, not from the sores, but from the vaginal discharge of patients in whom no sore was discernible, and who had been weeks, and even months, confined to the hospital, where the possibility of recent infection with soft sores was impossible. The patients had all been over and over again examined with the speculum. It might be said by some that only those patients who were already syphilitic were tested, and this was the case, for it was clearly inadmissible to inoculate a healthy person, and it showed that the result of the inoculation of the vaginal discharge was, as a rule, much more active and more intense than inoculation with matter taken from the primary sore or its resulting pustule, and he inclined to the opinion that the frequent occurrence of the soft sore in the male is explicable by its being a derivative of syphilis proper, or a modification by descent, and one which leaves the system in very many cases unscathed. He believed in the unicuity of syphilis, but that it was capable of modification by descent, and that the non-infecting sore so frequently followed a definite course as practically, in the male, to constitute a distinct disease and require a different treatment. In the Dublin Lock Hospital, on the female side, less than ten per cent. of the sores are indurated, yet fully ninety-five per cent. of the patients suffer from constitutional signs. He had recorded accurately ninety-one cases of primary disease, as the patients entered the hospital. He auto-inoculated ten, all had constitutional signs; four, auto-inoculated and had bubo, all had signs; three, auto-inoculated, had none before leaving; the remainder were not auto-inoculated, and five only out of the ninety-one had induration. In reply to inquiries made by the author, the surgeon of the Curragh Lock Hospital stated that, "any and every form of primary sore, whether with or without induration, may be succeeded by constitutional signs; induration in the female is exceptional." The surgeon of the Cork Lock Hospital for females stated, "I have not met with more than

two or three sores which could be considered in any way indurated, in fact they all had the character of the soft sore." Attention was next drawn to the activity of the vaginal discharge, or the muco-purulent secretion of syphilitic females, in producing the inoculation pustules. In the patients from whom this discharge was taken, sores were carefully sought for by the speculum, and as some of the patients had been under strict hospital régime for two or three months before the inoculation test was put in practice, the existence of an internal sore must have been all but impossible. The comparative disappearance of the hard or infecting sore in protected districts was also explicable, if it was remembered that the result of the inoculation of the vaginal discharge of syphilitics on syphilitics was the production of a sore which conducts itself as the chancreoid, with its comparative constitutional non-infection, and we may fairly conclude that if communicated to a non-syphilitic male it should result similarly, and though derived from a syphilitic stock, is so modified by descent as usually to expend itself locally. Mr. Morgan said he had frequently tried the secretion from mucous patches, and, as a rule, failed, though he had succeeded in the young, and produced a sore of the same chancreoid aspect. He had not tried the pus of an ordinary abscess or other source, as, though he would not have any hesitation in using the specific pus of syphilis or of gonorrhœa, he would shrink from using that from ordinary sources, fearing what must be admitted to be the mystic dangers of pyæmia. The writer had inoculated gonorrhœal matter in six cases, and failed to produce a pustule in each case, and therefore he drew the inference that it was not any condition within, but clearly outside the patient, which led to the formation of the specific pustule and sore capable of reproduction in its kind.

The Reduction of Hernias.

Mr. Edward Warren, Surgeon General of the army of the Khedive, Egypt, writes to the *Lancet*, after quoting some cases;—

The generalizations deducible from this and kindred cases, the practical facts which are thus illustrated, are as follows: 1st. A very large majority of hernial tumors, especially of the inguinal variety, can be reduced by manipulation, and do not demand the operation of herniotomy. 2d. Manipulation should be practiced deliberately and thoroughly, giving time enough to the work to determine the question of its feasibility, and, while fearlessly resorting, if necessary, to more than gentle pressure, cautiously avoiding the opposite extreme of roughness and violence. 3d. As a

general rule, the knife should be the last resource of the surgeon.

As regards the *position* which is most favorable to the reduction of hernia, I have some very decided views. Wherever the cause of the strangulation may be located, it is a matter of prime importance to relax the muscles and fasciæ which surround the apertures wherein the loop of intestine has been constricted, and this can be most surely effected by approximating their points of origin and insertion. It follows, therefore, that the thigh should be flexed upon the abdomen, the pelvis approximated to the thorax, the shoulder of the affected side depressed in the direction of the crest of the ilium, and the linea aspera made to form as acute an angle with Poupart's ligament as the construction of the parts will allow. When reduction is attempted without chloroform, the patient should be made to *stand*, with his head and shoulders bent downward and forward, and the spinal column inclined towards that groin in which the tumor exists; at the same time the weight of the body should be thrown upon the foot of the unaffected side, and the other foot placed somewhat in advance of its fellow. Should the effort prove fruitless, the patient may then be placed either upon his back, in the usual position, with a pillow under the buttock of the side corresponding with the hernia, and the head and shoulders inclined as before; or in a semi-prone position upon his hands and knees, with head depressed and pelvis elevated, as in certain operations upon the rectum and uterus. Inversion of the body, as it is ordinarily practiced, which is only a modification of the supine position, has really nothing to recommend it to the surgeon, since it necessarily puts upon the stretch muscles and fasciæ which should be relaxed, and at the same time removes from the point of constriction the whole weight of the intestines, thereby neutralizing one of its antagonizing elements. When chloroform is employed, the position of the patient is not a matter of so much importance to the surgeon, although the same general principles apply, and should be appealed to, under all circumstances.

Of the auxiliary measures by which taxis is facilitated, the most important is, of course, chloroform. Of the value of this agent it is unnecessary to speak, since the whole profession is a unit on the subject. The man, in fact, who would presume to rely upon other remedies, to the exclusion of this most potent drug, but proves himself a fossil of that period when brains had no creation. And yet I am not one of those who believe that chloroform should be instantly and indiscriminately administered in cases of hernia. While freely appreciating the inestimable blessings of anæsthetic agents generally, and with perhaps as large an experience in their employment as most men, I freely confess to a most sensitive apprehension of them. For this reason I am in the habit of testing the efficacy of opium and of cold, the

subcutaneous injection of morphia, and the application of cold water, ice, or ether spray, before invoking the aid of more potent, but less innocent, agencies.

I have repeatedly reduced hernial tumors in this wise: Having unloaded the lower bowel by means of enemata composed of water and soap, and injected morphia under the skin in the immediate neighborhood of the constriction, I then, without permitting the patient to be informed of my purpose, have directed a stream of cold water upon the parts, and, at the moment of shock, pushed the gut into the abdominal cavity. The morphia alone has sometimes proved a sufficient auxiliary, and secured the success of the manipulation. I have but little faith in warm baths, and a holy horror of tobacco enemata, as I have known the latter to prove fatal in one instance, and to jeopardize the life of a minister in another. If there be not a prompt and proper response to the measures of relief thus appealed to, I then invoke the aid of chloroform, with some apprehension, it may be, for the safety of the patient, but in the confident assurance, as a general rule, of reducing the hernia. I have had no experience with the aspirator, but have no doubt of its value in some cases.

Sterility as a Result of Lithotomy.

At a meeting of the Medical Society of London, Mr. Teevan related four cases:—

1. A hall keeper, aged 44, was cut by the lateral operation, at a provincial hospital, twenty years ago. He married three years afterwards; but his wife, although his junior, had never had a child or a miscarriage. The patient stated that he had no emissions during connection.

2. A painter, aged 47, married when thirty-one years old. Lateral lithotomy was performed on him three years afterwards. His wife bore him two children before, but none subsequently to the operation. He had quite lost the faculty of emission during coitus.

3. A shoemaker, aged 45, was cut by the lateral method when two years old. He married when 25; but his wife, although his junior, had had no child or miscarriage. The patient had no emissions during connection.

4. A shipwright, aged 45, had lateral lithotomy performed on him when four years old. He was married at the age of 23, his wife being his junior. She had borne him no family. He had no emission during coitus. The cause of sterility was very clear; for lithotomy, as usually performed, involved a laceration of the floor of the prostatic portion of the urethra, and obliteration of the orifices of the ejaculatory ducts. Sometimes the prostate split in the roof, and the infirmity was obviated.

Chloral in Threatened Miscarriage.

The *Lancet* says that Dr. Martineau lately stated, at a meeting of the Society of Therapeutics of Paris, that a woman, seven months and

a half pregnant, was admitted last year under his care at the Hôtel Dieu. She was suffering from ague, and was treated by sulphate of quinine. Uterine pains came on, either from the effect of the quinine or the intermittent fever, and to prevent miscarriage an enema with laudanum was administered. This was of no avail; but a few enemata of hydrate of chloral were effectual—the contractions ceased, and eventually normal parturition took place on the 15th of March last. The chloral was also successful in the case of a patient of M. Martineau's, four months and a half in the family way. She had an attack of pleuro-pneumonia of the right side, and was twice cupped. Four days afterwards pains occurred, and a red flux was taking place from the vagina. M. Martineau ordered an enema of fifteen grains of hydrate of chloral to four ounces of water, and three such enemata were given at twelve hours' interval. These had the desired effect; the pneumonia was cured in nine days. No miscarriage had taken place, and the patient again felt the movements of the child.

Syphilis as an Eruptive Fever.

In the Lettsomian lectures, delivered before the Medical Society of London, as reported in *The Doctor*, April, 1874:—

Dr. Broadbent seemed to adopt the theory of Mr. Jonathan Hutchinson, which brings syphilis into the class of continued eruptive fevers.

According to this, the secondary stage of syphilis represents the fever, the tertiary stage, so-called, the effects produced upon the solids and liquids of the organism by the febrile process. The tertiary stage thus becomes, not a part of the disease itself, but a consequence of it, corresponding to the sequelæ of fevers, such as dropsy following scarlatina, or scrofulous affections after measles.

Both syphilis and fevers have, in common, a period of incubation, a febrile stage which runs a more or less definite course, more regular and more definite in the acute and short fevers, such as scarlatina and measles; less regular and definite in those which have a longer duration, as enteric fever; and correspondingly more irregular and indefinite in syphilis, which is essentially chronic.

In the febrile stage, which is attended with symmetrical cutaneous manifestations and disseminated lesions in internal organs, the poison is reproduced in the system, and the individual who is the subject of the disease becomes a source of contagion. Finally, one attack usually confers future immunity from the disease.

Now, just as in fevers, we may have pneumonia or meningitis not distinguishable by any anatomical characters from pneumonia or meningitis due to other causes, and recognized clinically by the supervention of symptoms of these conditions upon those of the fever; so, in the secondary stage of syphilis, there may occur spinal or cerebral congestions and inflammations which have no peculiarities to indicate the

syphilitic character of the affection; and this has to be ascertained almost entirely from previous history or from existing manifestations of syphilis.

In tertiary syphilis, on the other hand, the morbid processes set up are altogether peculiar, and the symptoms are often sufficient of themselves to establish the nature of the case in the absence of collateral evidence.

Dr. Broadbent is of opinion that it is chiefly in persons in whom the secondary affections have been transient and insignificant, or even absent, or in those in whom the tertiaries arrive early or primarily, that the nervous system is liable to suffer. He is corroborated in this view by the statements of Gross, Lancereaux, Braus, Buzzard, Moxon, and other writers, and it is scarcely possible otherwise to explain the entire absence of syphilitic history in many cases obviously of a syphilitic character. But this is exactly what we see in the case of other tertiary manifestations. We are almost daily called upon to make a diagnosis of syphilis in the absence of a history, and in the face of positive assertions that the patient has never been subjected to any syphilitic infection, or suffered from any specific manifestations. In the case of women, and especially of wives, this is not to be wondered at. They are often absolutely ignorant that they have contracted the disease.

The Administration of Phosphorus.

In the *Practitioner*, Mr. J. A. Thompson gives the following formula for the administration of phosphorus:—

R. Phosphorus,	gr. j
Absolute alcohol,	f. ʒv
Glycerine,	f. ʒiiss
Spirits of wine,	f. ʒij
Spirit of peppermint,	ʒij.

One drachm of this mixture contains $\frac{1}{4}$ gr. of pure phosphorus. This combination possesses little or no phosphoric odor, and, according to Dr. Radcliffe's theory, "that the disappearance of the characteristic odor from a solution of phosphorus is presumptive evidence of the oxidation of the drug," ought to be inert, but Mr. Thompson's successful results in thirteen patients show that this is not the case. Mr. Thompson has given the phosphide of zinc a trial in six cases. This compound is prepared by bringing phosphorus vapor into contact with melted zinc in an atmosphere of dry hydrogen. Only one half the phosphorus in this substance is said to be available for therapeutical purposes; $\frac{3}{4}$ gr. of zinc phosphide correspond to $\frac{1}{4}$ gr. of phosphorus, and Mr. Thompson finds this the most efficient dose. The drug may be given in the form of pills, in combination with other substances, e.g. quinine, aloes or strychnia, and these pills are found to keep well. The remedy is not so speedy in its action as the solutions of phosphorus in oil or alcohol. Of the six cases treated with the phosphide, there was perfect recovery in two, two were remarkably relieved,

one could not tolerate the medicine in consequence of its causing vomiting, and the other found no relief. Mr. Thompson concludes his remarks on this substance as follows: "It is inferior in power (in neuralgia) to the oily solution or the tincture; while, in point of convenience, for portability, and for combination with other drugs, it is superior to them. In point of cost it stands far above comparison with pills and capsules, which require a special process for their manufacture, while it is not subject to any suspicion of degeneration with age."

The therapeutic value of sodium hypophosphite in neuralgia has been tested by Mr. Thompson in three cases, and the results have been negative. He administered the remedy in water, in doses varying from five to thirty grains, every three hours. Two of the three cases were subsequently cured, and one very much relieved by a solution of pure phosphorus. Dr. Anstie's experience of sodium hypophosphite agrees with Mr. Thompson's, while, on the other hand, Dr. Radcliffe has successfully treated four cases of nerve-pain with this drug. Mr. Thompson has found this salt serviceable in cases of extreme debility, when given in five-grain doses, and he believes the remedy "has a special power of creating appetite. It seems to be a remedy which, to maintain its influence, requires to be given in progressively increasing doses."

The Lesions of Syphilitic Paralysis.

The *Journal of Mental Science*, April, 1874, quotes the views of Dr. Müller on this subject. He, Dr. Müller, considers that alterations in the coats of the arteries, with a diminution of their calibre, and consequent mal-nutrition and degeneration of the tissues of the brain, are common to both general and syphilitic diseases, and account for many of the symptoms being in common. In the syphilitic cases the morbid alterations are not confined to the arteries of the brain, or to the brain itself; they extend to the membranes and the bones of the skull, causing pressure on the nerves at their foramina of exit. Syphilis also causes alterations in the sympathetic nerves, hyperplasia of the interstitial connective tissue, with pressure upon the nervous cells and fibres. Amongst the symptoms common in brain-syphilis, and on which he is disposed to rely in diagnosis, are headache and æsthesia of particular spots of the cutaneous surface (which are much more common than neuralgic pains). There are also sometimes epileptoid fits and attacks of paralysis, which, though they sometimes pass away in a few days, are, as a general rule, more liable to continue than the paralytic attacks of general paralysis. In brain-syphilis, single cerebral nerves not unfrequently lose their power, which rarely happens in general paralysis; in the former disease, too, the paralysis comes on gradually. In the latter it generally appears without warning. It strikes me that these distinctions are of more use to establish two separate generalizations of disease than to assist us in detect-

ing them in special cases. The curability of brain-syphilis is without question the clearest as well as the most valuable distinction; but it is inconvenient that the curative treatment should go before the diagnosis.

The Treatment of Syphilis.

Dr. J. K. Spender writes to the *Lancet*:—

1. In the second or exanthematous stage of syphilis, I have found it almost always useful to administer mercury and iodide of potassium simultaneously. The iodide should be prescribed in a dose of about ten grains three times a day, and may be usefully combined with aromatic spirits of ammonia, or with bicarbonate of potassa and other reputed diuretics. The mercury may be given as a nightly dose of four or five grains of gray powder or blue pill; or, if it be thought expedient, about a grain and a half may be given as a pill with each dose of the iodide of potassium. No toxic action of the mercury need be developed beyond slight fetor of breath and sponginess of gums; and even these inconveniences may be prevented or mitigated by washing out the mouth several times a day, and by taking regularly a little lemon juice. Further, it may be desirable to combine quinine with the blue pill, or to add a little opium, to obviate purging.

2. The "intermediary squamous syphilides" are best treated with perchloride of mercury. Perhaps the most interesting and convincing parts of Mr. Hutchinson's papers are his observations on the curative power of this medicine over ulcerating forms of secondary rash, especially when they assume a pyogenic character. This is a fine bold practice, and I venture to claim for perchloride of mercury equal merits in controlling many other erratic syphilitic phenomena. Usually the drug should be given in compound tincture of cinchona bark.

3. The early tertiary symptoms of syphilis are often strikingly relieved by the soluble iodide of mercury, or rather by that double compound of iodine and mercury which is formed by adding iodide of potassium to a solution of perchloride of mercury. It is impossible to praise too highly the therapeutic qualities of this medicine.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Half-hour Recreations in Natural History.

Division First—Half hours with Insects. Part

4. By A. S. PACKARD, JR. Boston, Estes & Lauriat.

The subject of the present number is, "Insects of the Plant House." The gifted author keeps up the interest of his readers by a most charming account, fully illustrated. Having shown how Simpson employed the terchloride of formyle, a product of chemistry from the ant, he says, "insects feed us, clothe us, and lull us to sleep."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUG. 15, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF

THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.

THE PROPAGATION OF TYPHOID FEVER.

This subject has received the very attentive study of a number of competent observers, who have published their results within the last few months.

It is gratifying to find among them a close approximation of opinion, almost a unanimity. Dr. BUDD, of England, in his recent study of the subject, appears to have proved that the poison of enteric or typhoid fever multiplies its germs within the bodies of those affected by it, and that by means of these germs, contained within the excreta, it is chiefly propagated.

Dr. CORFIELD, of London, in a late address before one of the medical societies of that metropolis, expresses himself forcibly to the same effect. He denies that the infecting material is thrown off in this malady as in such diseases as scarlet fever, where infection is thrown off by the skin and breath. The poison of typhoid as surely exists in the fresh feces as does that of lead in a solution of sugar of lead. People may live in a room with it exposed to the air without being poisoned, so long as it is not imbibed. Instead of the poison originating by the decomposition of fecal matter, when feces containing the poison decompose they give out bubbles of gas, which carry up mechanically various particles, including poisonous ones, into the air around: this is how it gets into the air of sewers and cesspools. Water very readily absorbs foul matters from sewer-air; and the disastrous error of connecting the waste pipe of drinking water cisterns directly with the house drains is perhaps the commonest cause of the spread of the fever in London.

This is substantially the opinion of Dr. AUSTIN FLINT, as expressed in an article in the *Buffalo Medical and Surgical Journal*, of March. He says, speaking of the contagium of the fever, "If it be not contained in emanations from the body, it does not, of course, proceed from either the skin or the air passages, and there is certainly no palpable product containing it on the surface of the body. We are, therefore, brought,

reasoning by way of exclusion, to seek for it in the alvine dejections. If it be contained in these, by what avenue does it gain entrance into the system? If the dejections containing the contagium are conveyed from dwellings by soil-pipes, we can understand that it may pervade the atmosphere of houses, in consequence of defective provisions against the escape of sewer emanations, and if excrementitious matter be deposited on the surface of the ground, the atmosphere within a certain area may be polluted by emanations therefrom, which contain the contagium. But there is logical proof of the diffusion of the disease by contagion under circumstances which render it vastly improbable that the contagium is inhaled; and, therefore, reasoning again by way of exclusion, we are brought to consider the alimentary canal as the avenue through which the contagium enters the system. Thus we are rationally led to the conclusion that drinking water is a medium by which typhoid fever may be communicable."

These similar results furnish a firm basis for sanitary measures, and point out the urgent need of a better style of domestic architecture than that generally adopted by builders in this country. Typhoid fever is essentially a *preventable* disease; and its presence in a community consequently proves beyond question that sanitary science is neglected. It is true that impure drinking water may not be the *only* cause; but it is doubtless the most common.

NOTES AND COMMENTS.

Therapeutical Notes.

—In diphtheria M. Bucquoy employs locally lemon juice. He saturates some cotton wool with the juice, and presses it against the affected surface four or five times a day.—*Journal of Applied Chemistry*.

—Professor August Vogel encloses ether in a gelatin capsule. In cases of tapeworm the patient swallows a capsule, the ether is vaporized in the stomach, the worm is stupefied, and may be removed by the usual remedies, which are powerless when the worm is able to resist.—*Journal of Applied Chemistry*.

—To disguise castor oil, rub two drops of oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it and ask for more.—*Journal of Applied Chemistry*.

—The bitterness left in the mouth after certain medicines is quickly removed by chewing the rind of a lemon or orange. Some use licorice root for the same purpose.

—For the intense pain of cholera morbus, etc., liable to prevail at this season, the following is useful:—

R.—Chloroformi,	f. ʒjss;
Morph sulph.,	gr. j;
Tr. opii comp.,	
Tr. cardam. comp.,	aa f. ʒss;
Syr. zingib.,	f. ʒj. M.

Teaspoonful every 15 minutes till relieved.

Indigenous Plants.

We are pleased to learn that our friend Dr. W. P. Gibbons, of Alameda, Cal., is engaged in the study of the medical flora of the Pacific Coast. In 1871 he presented a very valuable paper on this subject, fully illustrated, to the American Medical Association on the occasion of its session in San Francisco. By his own request this paper was not published, but returned to him for revision. At the last session of the Medical Society of his State, a paper on this subject was ordered to be published, but, we regret to say, that the illustrations will not accompany it.

It is just such workers, and such papers that the American Medical Association and the various State societies should encourage, and publish.

We are confident that very many valuable medicinal agents grow, as it were, at our very doors, but are unknown for want of the proper investigation, while we import, at high rates, articles from abroad.

Antidote to Strychnia.

The *Journal of Applied Chemistry* says it is asserted that salad oil promptly applied is an antidote to strychnia. The remedy has not been tried on men, but on dogs a half pint of oil is said to be sufficient to prevent fatal results.

[The late James F. Reed, Esq., of San Jose, California, some years ago assured us that he relied upon lard as an antidote, and had, by its free administration, saved the lives of dogs and other animals on more than one occasion. The

people of California employ strychnia to kill the gophirs, and thus the dogs and other animals are liable to be poisoned.—ED.]

Fluid Extract of Chestnut Leaves.

Dr. J. Eisenmann, of Vienna, has experimented with a fluid extract made from the various leaves of the European variety of *castanea vesca*, as a remedy for whooping-cough which had but recently entered into the spasmodic stage, and in which the subsequent course of the disease could be well-ascertained. The results were so favorable that the author calls the attention of European physicians to this remedy.

CORRESPONDENCE.

"Have the Jews any Immunity from Certain Diseases."

ED. MED. AND SURG. REPORTER:—

Under the above caption is published a paper in the REPORTER, of May 9, 1874, that requires at my hands a passing notice. It is devoted to strictures, comments, and criticisms on a communication previously published in your journal, April 11, 1874, with the caption, "Jews and Christians." I am sorry to say, it partakes more of a partisan character, and animated philippic, than the candid, unprejudiced development and enunciation of historic, scientific, and philosophic truth. "Jews and Christians" was written for the especial purpose of calling the attention of the profession to a subject of the deepest interest, not only to the Jews, but the whole human race. A Jew first brought the subject to my attention. The conclusions therein recorded were the legitimate deductions from facts and statistics therein presented, and founded upon, not only my own limited experience, but that of gentlemen of unquestionable probity, honor, experience, intelligence, and learning, and a fame not circumscribed within the bounds of this Republic. Not only that, but a synopsis of the vital statistics of Prussia, France, and London, under governmental order, and kept with the most scrupulous and scientific exactness, proving beyond cavil, and almost, if not quite, mathematical precision and demonstration, that in those countries, at least, Jews enjoy greater expectations of life, through every septennial from birth to seventy years, and advantages in health, and greater longevity, than their Christian neighbors. I will here repeat from statistics, what I formerly stated, on one point only, that will suffice. In France one-half of all Christians die before the age of thirty years, while one-half of all Jews live till fifty years. See *Über die Lebenserwartung der Israelitischen Bevölkerung gegenüber Christlichen*. Deutsche Zeitschr. f. d. statistik., t. xxi, p. 2, 1863.

It is to be regretted that those statistics had not extended to the disease to which Christians

and Jews finally succumbed. We should then have had full, complete, and conclusive explanation of the whole subject under discussion, the precise ratio of deaths from *Consumption*, among both Jews and Christians.

It was the above evidence, the above sources of information, and especially the above *statistical data*, that prompted my inquiries, and from which I drew my conclusions, not *assertions*, as somewhat maliciously charged by your Cincinnati correspondent. I merely threw out hints, made suggestions, advanced opinions, recorded observations and conclusions from the lights before me, and respectfully called the attention, not only of our own profession, but philosophers and scientists, to a subject well worthy their careful study and contemplation. But one assertion was made in that paper, that syphilis was a specific disease, *sui generis*, that it never changed into tubercular consumption, nor tuberculosis into it. But this has little to do with the subject under consideration. I did not allude to it, or soil my pen in its disgusting discussion, except only in explanation. If *prostitution* and its consequences is one of the inevitable calamities of the Jewish race in this country, as Dr. Epstein asserts, and equal to that of any other people, I did not know it. According to my observation, with them it is about on a parallel with *consumption*. There are, unquestionably, occasional cases, but it is *very rare* amongst them. But as this subject is foreign to the question under investigation, one would naturally have supposed he would not have brought it forth so prominently, and I might say, exultingly, but given his brethren, the Jews, the benefit of silence, or, at least, profited by a historic lesson in justice, charity, and decency, from his illustrious ancestor and progenitor, Shem, one of the dutiful sons of Noah, by robbing himself in the mantle of charity, with face averted, and a step backwards, and throwing its broad folds as a shield over his race, instead of pointing their vices so conspicuously and needlessly to the public gaze.

He says "it is not scientific to contrast Jews and Christians, but rather, Jews and Gentiles." Pray, what has science to do with it? It is only a mere matter of taste. There is nothing in history or the Hebrew language to class Christ and his followers as Gentiles. Christ and his whole party were Jews, and died Jews. In history the Jews called the pagan, idolatrous nations round about them Gentiles, and not the worshippers of their own true and living God.

A word right here in regard to those two Jewish gentlemen who were in his office while reading my paper, and were almost indignant at its assertions. If they had the impartiality and intelligence represented, and a moderate knowledge of the English language they would not have lashed themselves into such fury. For they would readily have seen the difference between logical conclusions and dogmatic assertions. It was a mere chimera of imagination, probably a little intensified by a review and test of good old Muscovite fluids, on the new theory

advanced, of "absorption by the digestive organs," or on the standard of a "true biological physiology," advanced by your correspondent.

After advancing the assertion that the Jews have *no advantages* in life, health and longevity, he contradicts himself on every point, first by saying "*their advantages*" in this respect are from race, that dates back to Abraham, the first Hebrew, and enjoyed to the present day, as an undeteriorated inheritance, because they have not intermarried with other races with whom they have come in contact. And that *circumcision* is probably the moral agent which effects this." And thus he abandons every point, and comes round, step by step, to my position, that they "have proved themselves of the purest and finest type of the Caucasian race," and the original stamina of race has been preserved, not only by circumcision, but by dietetic, hygienic, and sanitary regulations of their religion, that has preserved them a distinct and peculiar people. God himself represents them a "stiff-necked and rebellious people, raising up idols, and hankering after the flesh pots of Egypt." And they always have had meted out to them a fearful, terrible, if not speedy retribution. If now in America they "make no question in diet for conscience sake," but forsake religious regulations in diet, and religious observances, they may expect, not "fire from heaven to consume them," as of old, but what is worse, deteriorated constitutions, and loss of that stamina and vitality of race given to their great ancestor by God himself, and the transmission of loathsome disease, misery and death to their posterity forever.

Circumcision is thrust forward by this *soi disant* authority, or "*some authority*," as perhaps the moral cause that has prevented intermarriage of the Jews with other nations, and thus preserved intact their health and tenacity of life. And this assertion, in the face of his many years' practice of medicine in European Turkey. Does the great moral cause keep the Jews and Turks from intermarriage there? If he had extended his travels and observations amongst the Turks a little further, to Cairo and Alexandria, in Egypt, he would have found his *bar down there*, as circumcision is a prevalent and universal custom, not only with Jews and Turks, but Copts, Ethiopians, and all other Christian nations inhabiting that country. In addition to its religious bearing, it is deemed a strictly necessary sanitary measure, extending "to a period of time beyond which the memory of man runneth not back," enforced by the doctrines of the Koran, general usage, custom and consent, for the prevention of disease, preservation of health, and the effectual consummation of absolute cleanliness. And this is not confined to the male sex only, but is rigidly enforced upon all females. Circumcision is extended equally alike to the most delicate and tender maiden, as well as the burly, lusty boy. Regular professionals, who perform the operation, traverse the streets and place themselves in prominent places, and loudly vociferate in Coptic

or Arabian language, "Who wants to be cut."* And yet, even here, the Jew preserves his distinctive national characteristics with more exactness than among the mongrel hosts of Republican America. Circumcision as a sanitary measure and religious rite, with its correlative hygienic, dietetic, and therapeutic accompaniments, frequent ablutions, purifications, abstinence from hog meat and other unclean things, were in practice by the ancient Egyptians, and formed the most prominent part of a fundamental religion far back on the confines and first development of the germ of their ancient civilization, and when the ancestors of the Abrahams were wandering *nomads* in Mesopotamia, on the other side of the river Euphrates.

It never became a Hebrew institution until friendly relations had been established between Abraham and the Egyptians. Then it was initiated by the circumcision of Abraham and Isaac by the express command of God. In ancient Egypt, religion and medicine were blended in the same profession; its rules and practice enforced by an order of priests, to whose dictum not only the most abject slave, the lowest peasant, but the highest potentate, Pharaoh himself, must bow, even to his daily bill of fare; its programme regularly furnished by his priest and physician, from which he dare not deviate. Circumcision was introduced among the ancient Egyptians as a sacred rite of the gravest import, and not upon the whimsical and capricious fancy and suggestion of the mystic philosopher, as its conception savors not of beautiful poetical imaginings, neither was it demanded for practical utility, or in any way useful or ornamental.

Moses, the great champion, leader and law-giver of the Hebrew race, was himself an Egyptian priest, educated in all the deep research and arts of the Chaldean Magi and mystic philosophic development of Egyptian and Oriental science, and all that was then known of the science of medicine, in its general principles and in its application of details for the preservation of health and prevention of disease. And he perspicuously enunciated in the law a set of rules, formulæ, hygienic regulations, religious teachings and observations well calculated to promote the healthful play of every physiological action and full discharge of every function of the human organization. Its careful study will furnish a valuable lesson to the physician of this boasted and enlightened age. A slight tinge of Egyptian and Indian, or Asiatic philosophy, and shadow of its teachings, pervade all the books of Moses. The strict religious obedience accorded those writings has preserved the Hebrew race in its purity, through their many calamities, as a distinct people, long after their temple, their every building and city, have crumbled into dust, and their

* Not unlike the little, antique Frenchman, at his coffee stand at the French market at New Orleans, in *ante-bellum* times. Early in the morning, at the distance of three squares, you could hear him sing out at the top stretch of his lungs, *Café au lait! Café au lait!! Café au lait!!!*

people for eighteen hundred years scattered over the whole world, and their political existence as a nation effectually crushed out and annihilated.

"The great instinctive, brotherly compact between its members the world over," so complacently referred to, is only a part of the religious fabric that buoys up the Jew in all countries and among all nations, and gives him a "healthy soul in a healthy body." They seem yet to have unsatisfied wants, as well as the Christian church, as seems evident from the number of secret and open societies advertised in their newspaper columns. But this want is a legitimate, unsatisfied inheritance, dating back to the first Jewish institution of Free Masonry, which is coeval with the building of Solomon's Temple itself. And this is, moreover, satisfactory evidence that Jewish advantage in health and life is not wholly owing to their firm reliance on brotherly assistance, but to their general and moral structure of society, adhered to for ages, that carries them safely through all the storms and tempests of life.

In following up the thread of your correspondent's comments, I have wandered promiscuously among the varied subjects brought forward in his unwarranted and flippant assumptions, his bold, dogmatic, and fallacious assertions, unfair deductions, and illogical conclusions.

He characterizes the well authenticated record of vital statistics in Prussia, showing the greater longevity of the Jew in that country over the Christian, "a fiction."

He denounces French and English statistics, equally authentic, establishing the pre-eminence of Jews in health and life at all ages in those countries, "*a mere fiction.*" And its propounder he stigmatizes, in the enigmatic, euphonious, and classic language of Old Tammany pot-house politicians, as one who has "*a special axe to grind.*" And he even has the presumption to scout the teachings of the great Professor Hufeland, that circumcision is strictly a sanitary measure, and that longevity depends much upon the average diet of a people, and may be attained individually by strict attention to its nutriment and simplicity, and its adaptability in supplying the waste and giving sustenance to the living body.

What evidence or authority does he bring to support his pretensions to superior knowledge? His *being himself a Jew, per se*, and his experience in Russia, while yet a boy under twenty years, and his professional practice since, in Austria, Turkey, and America, and also the valuable information and knowledge derived from the rich stores of Muscovite, Cossack, Turk, and Gypsy circles.

Dr. Epstein closes his valuable and scientific paper by doing me injustice in expressing his gratitude "to you, Mr. Editor, for bringing such topics to the notice of the profession."

I still yield homage, undivided, to statistics and well established authority, that Jews enjoy a wonderful immunity, not only from consumption, but a large portion of diseases that assail the health and life of the human race. Indi-

vidual exceptions are the strongest proof of a general rule. I shall still wait, with great interest, further developments.

MADISON MARSH, M. D.

Port Hudson, La., May 30, 1874.

Malaria Forms.

ED. MED. AND SURG. REPORTER:—

The medical journals in this country and abroad are in the habit of flirting a little, either with medical faculties or societies and many editors were compelled to resort to it in order to insure the financial success of their paper. Your valuable journal was an exception to this; it did not court the favor of any party, until of late it evinced a peculiar affection to country practitioners. Of course, no objection can be made to the publication of valuable contributions, whether they proceed from scholars residing in the country or in the city. You decline to assume the responsibility for statements made over the names of correspondents, but you are to some extent answerable, as it lies with you whether an article will be admitted to your columns or not. From the time you solicited communications of country practitioners—an invitation which I always considered questionable, because the boundaries of science and experience can never be determined by "country and city"—the difficulty in accepting or rejecting articles became rather aggravated. The readers of a journal may justly expect that the contributions are not the product of a compelling lever were they so, they would inflict tortures upon the subscribers, which might call for the intervention of a second Henry Bergh.

As an old subscriber of the REPORTER, I look upon it as a member of my literary household. You know human nature well enough; things which we call our own we appreciate more highly, and we take particular care to prevent family members from becoming degraded. Thanks to your knowledge and judgment, I heartily welcomed the REPORTER weekly, and it had its fixed habitation on my library shelves. I want to see it keep its place, and therefore every article passes close scrutiny on my part. Permit me, therefore, to say a few words about the forms of malaria (No. 900, May 30th, 1874.), and "I trust that the author" will excuse my frankness; my remarks emanate from a like desire to promote knowledge, and I cheerfully give him credit for publishing his observations.

I shall not speak on malaria forms in general, but the author's remarks on urticaria engaged my attention particularly, as deviating from the views of our best writers and students. After summing up the symptoms he says, "Here, then, were three diseases combined in one patient," while I cannot find any complication whatsoever. The symptoms altogether were either prodromi or accompanying the dermatous disease. With the exception of urticaria after some ingesta, as after strawberries, cheese, etc., all other cases are more or less accompanied by pains in the limbs, ankles, and by an

gino symptoms. If the author would have consulted Wichman, Bateman, Fuchs, Cazenave, Rayer, and others, he would hardly have agreed with Fox, who makes urticaria dependent upon rheumatism, gout, etc. It is more a hybridous exanthema (I observed even a mixture of erythema, roseola, and urticaria), and its symptoms in general show distinctly the characteristics of erysipelas.

The form ab ingestio is ephemeral, disappearing and reappearing several times within twenty-four hours, without fever symptoms; the other forms are of longer duration, show the symptoms as described in the named article, without having much to do with the malaria forms. We observe often enough urticaria exanthema complicated with a gastric state, or even with an intermittent fever, without provoking our particular attention.

The two diphtheria cases attended to by the author had nothing at all to do with the urticaria case in the same family; the sore throat and the slight ulcerated tonsils did not absolutely indicate a diphtheria. If pleurisy, pneumonia, gastritis, and such other diseases occur in a marshy country, where malaria is predominant, we should not feel inclined to administer anti-malaria remedies as a rational treatment. I attended to two cases of typhoid fever in one family; both were about entering the convalescent state, when the younger sister, æt. fifteen years, was suddenly taken with a gastric catarrhal fever, after she had been remarkably active in nursing her brother and sister. The expected typhoid symptoms did not appear, and I attended to the case as it presented itself, not as I expected it would develop. The *genius morborum* is very deceptive, and it often deserves to be called the *genius malorum*, as our experienced men sometimes over-estimate it and overlook contra-indications.

I think it superfluous to state anything about the treatment of urticaria, as it is well known that the expectant method is the most preferable. The author used a chlor. of potassa gargle, and I wonder how he succeeded in administering it, as his patient was only nine months old. His compound mixture of iodide of potassium, brom. ammonium, and potass. acet. reminded me of the old Boerhavianum, "simplex veri sigillum ad medirus minister non magister naturæ esse debet." B. SEGNIETZ, M. D.

New York, June, 1874.

NEWS AND MISCELLANY.

Centennial of Chemistry.

NORTHUMBERLAND, PA., July 31, 1874.

Among those present at the opening of the celebration were: Professor E. N. Horsford, Cambridge, Mass.; Thomas N. Drown, Philadelphia; E. J. Fristoe, Columbia University, Washington, D. C.; Rev. Dr. Pynech, Harvard University, Mass.; Elwyn Walker, School of Mines, Columbia College; Charles H. Chandler,

Antioch College, Ohio; J. W. Mallett, University of Virginia; William F. Chandler, New York; Miss Swallow and Miss Capen, Girl's High School, Massachusetts; R. C. Kedzie, State Agricultural College, Mich.; Persifer Frazier, University of Pennsylvania; Dr. Bolton, Columbia (N. Y.) School of Mines; Prof. Leeds, Stevens Institute of Technology; Prof. B. Silliman, Yale College; Prof. H. Croft, Toronto, Canada; Prof. J. L. Smith, Louisville, Ky.; Prof. T. Sterry Hunt, Boston; Prof. S. H. Douglass, Ann Arbor University, Michigan; Prof. E. L. Youmans, New York.

At the residence of Mr. Joseph Bird, on Market street, is displayed the "Loan Cabinet," or Priestley Cabinet, comprising apparatus, books, manuscripts, etc., belonging to Dr. Priestley, and now in possession of Mrs. Joseph R. Priestley, widow of the grandson of Dr. Priestley. The various articles arranged on tables, and the engravings and paintings conveniently placed on the walls. Among the curiosities are:—Dalton apparatus, two graduates and two vials; steel engravings, the property of Dr. Bolton, of chemists and alchemists from the year 1100 to present date, embracing those of Roger Bacon, Albertus Magnus, and others; two of Priestley, one from Stewart's painting, one from Wedgwood's medallion.

On a table at the far end of the room two glass cases, one containing the autobiography of Dr. Priestley, written by himself, and the other a Wedgwood medallion, black on white. Above these is suspended a large oil painting of Dr. Priestley by Stewart, from which the steel engravings are copied. On the tables also are a complete set of Priestley's works, bound in boards, with untrimmed edges, and published in England; a large electrical apparatus, Leyden jar, two and a half feet deep, and eight inches in diameter; sealed tubes containing results of an unfinished experiment; chemical glassware belonging to Priestley; first-class telescope; also an orrery, and other educational apparatus. There are also furnaces for gas, iron retorts of all descriptions, gas holder of peculiar construction, magic lanterns and slides, maps belonging to Priestley; also a "New Chart of History," published by him in London in 1769.

The original lens used by Dr. Priestley when he made his first discovery of oxygen, was formerly in the possession of the Smithsonian Institute, but was burned at the fire which occurred at the Institute some years ago. A very fine engraving, representing the burning of Dr. Priestley's house and laboratory in the Birmingham riots, is another of the relics preserved, as are also a number of pictures of the distinguished chemist.

MORNING SESSION.

The building selected for holding the sessions of the convention was the public school-house of the borough, seating eight hundred people, and on the occasion of the opening every seat was occupied.

The meeting was called to order by Prof. H. Carrington Bolton, temporary chairman.

The committee appointed by him to select permanent officers, reported the following names: President, Prof. Charles F. Chandler, School of Mines of Columbia College, of New York; Secretary, Prof. Albert R. Leeds, of Steven's Institute of Technology, Hoboken, N. J.; Treasurer, Prof. William H. Chandler, Lehigh University, Bethlehem.

Colonel David Taggart was introduced, and spoke as follows:—

I have been chosen by my fellow-citizens to offer to the learned and distinguished men and women who have gathered here to commemorate a grand discovery and to honor a great name a brief but earnest welcome. We cannot follow you through the wide realms of science, nor explore very deeply the mysteries of nature, but we can move with equal step in paying a tribute of respect and reverence to the illustrious man, who, eighty years ago, found, among "the rude forefathers" of this hamlet, a quiet home, and seventy years ago an honorable grave. Whilst other names may fade away and their owners be forgotten, that of Priestley will remain fresh in the minds of his fellow-men. His fame was a glorious one, and his life, passed as it was in a pure atmosphere of religion and science, was exalted above the plane of ordinary mortality, and devoid of the annoyances caused by spite, jealousy and detraction. He made science his mistress, and, with a pure heart and untiring mind, he worshipped her "through long days of labor and nights devoid of ease," and to-day he stands with Galileo, Newton, Harvey, Faraday and Humboldt, a grand, colossal priest in the Temple of Nature. His name is the talisman which draws to-day to this quiet Pennsylvania village the aristocracy of learning and knowledge of our land. To you, men and women of science, I desire to reiterate, in behalf of all my neighbors, a very sincere welcome to our homes and to our hearts.

He was replied to by the President of the meeting, who, on behalf of the chemists and scientific men assembled, accepted the kind welcome extended them on behalf of the citizens of the place.

The first business was the appointment of committees to extend by telegraph the sympathies of the meeting in Northumberland, to the meeting being contemporaneously held at Birmingham, England, to assist in spirit at the unveiling of the Priestley statue in that city to-morrow. The following despatch was reported by the first committee:—"The brethren at the grave, to the brethren at the home of Priestley send greeting."

Letters were then read from a number of distinguished gentlemen from different sections of the country, excusing themselves from participation in the ceremonies on the grounds of ill health or professional duties. Among them were communications from Prof. Joseph Henry, of Washington, excusing himself on the

ground of sickness; from Dr. Kennedy, of the Polytechnic Institute, Philadelphia; from S. Dana Hayes, of Boston; Prof. J. W. Baker, of New York University, and Professor Rachel L. Bodley, of Philadelphia.

This was followed by a short speech by Dr. J. Lawrence Smith, of Kentucky, who advocated a resolution providing for the holding a meeting of chemists during the year 1876, and for the appointment of a committee to consult with the Centennial authorities at Philadelphia, and to ask them to induce the chemists and students of the Old World to visit Philadelphia during the Centennial year, and to meet with us at that period. He alluded to the fact that Priestley was one of the pioneers of those ideas which led to the Declaration of Independence, and said that it was especially appropriate that the followers of his teachings should celebrate the Centennial of that great event. The motion prevailed, and a committee was appointed.

An address upon the "Life and Labors of Dr. Joseph Priestley" was then delivered by Prof. Henry Croft, of Toronto, Canada, who began his remarks by saying: The distinguished scientist and chemist, in whose honor we are assembled here to-day, was born at Fieldhead, a small village, six miles from Leeds, England, on the 13th of March, 1733. He was the son of Jonas Priestley, a maker and dresser of woollen cloth, and was the eldest of six children. From his autobiography, the manuscript of which, in Priestley's own handwriting, is on exhibition among the curiosities of the Priestley Cabinet, it appears that shortly after entering into his teens he was sent to live with his aunt, a Mrs. Keighley, who, being a lady of large means, sent him to first-class schools to be educated. At one of these, whilst between the ages of thirteen and fifteen, he acquired a knowledge of Latin and Greek. Shortly afterwards he supplemented this knowledge by obtaining a thorough acquaintance with the French, Italian and German tongues. To these acquirements, in his early manhood, he added a thorough training in Syriac, Hebrew, and Chaldee, as well as in stenographic writing. A letter written by him on the system used in those days is still extant among the relics existing here. In the year 1752 the subject of my discourse went to Devonshire, where he pursued his scientific studies. In his collegiate career he was noted for his heterodox views on subjects of religion and politics, as well as for his learning and love for scientific researches. In his autobiography Dr. Priestley speaks of an impediment in his speech, which he considers an advantage rather than a drawback. His first congregation was a small one at Needham, where he received £30 a year for his services, and was obliged to eke out his living by teaching school and lecturing. Later he went to preach at Nantwich, where he had a large school under his charge and for the first time he made money, all of which was devoted to the purchase of chemical and electrical apparatus. Whilst there he published an English grammar.

Next we find him at Warrington, where he was made tutor of divinity, and shortly thereafter was married to a daughter of Isaac Wilkinson, a Welsh iron founder, of whom he speaks in the highest terms, saying that it was by her devotion and care that he was enabled to have the opportunities in which he gave his time and energies to the pursuit of his profession. To show the extraordinary genius of the man it is only necessary to say that during his stay at Warrington, Priestley delivered courses of lectures on Languages, Theory of Language, Oratory, Anatomy, and History of England. During this period he made occasional visits to London, and on one of these made the acquaintance of Dr. Benjamin Franklin, who, together with Canton, the electrician, took considerable interest in philosophical pursuits, the former, indeed, encouraging Priestley in his idea of writing a book on the history of the discoveries in electricity. Papers and books necessary for this work were furnished by Franklin, and Priestley made numerous experiments to illustrate the theories involved. The book was completed inside of a year, notwithstanding all the numerous cares and engagements of the author. Upon its publication, the University of Edinburgh conferred upon him the degree of LL. D. He afterwards spent some time at Leeds, where he attracted attention by the publication of some theological tracts. Whilst residing there, the accidental fact of his living next to a brewery drew his attention to making experiments with the fixed air produced by fermentation. After his removal to another house, he was obliged to make, in a machine of his own construction, the fixed air necessary for his experiments. In this connection it might be said that he was the original discoverer of carbonic acid gas, and his first papers on the subject, embraced under the head of pneumatic chemistry, were published in 1772. A year later he received the Copley medal for a meritorious discourse, and was also invited to accompany Captain Cook on his second voyage to the South Sea. After a six years' residence at Leeds, Dr. Priestley went to live with the Earl of Shelburne as librarian and literary companion. His salary was £250, with house to live in. There he remained for seven years, visiting the Continent during the spring of 1774, and making many valuable friends. Whilst at the Earl of Shelburne's he made his great discovery of oxygen gas, August 1, 1774, by heating the red hot oxide of mercury and collecting the gases given out of it. From the Earl of Shelburne's, Dr. Priestley went to Birmingham, where, after a residence of several years, his opposition to the Established Church and advocacy of the cause of the French Revolution, raised so bitter a feeling against him that an infuriated mob burned down his church, house, and laboratory, and compelled the distinguished chemist to flee the city on horseback. He next is found at Hackney, publishing there a complete edition of his works. Whilst at that city, at the solicitation of his sons, he determined to leave England

and settle in America, and his scientific and other friends raised a large sum of money to give him a proper start in the New World. Arriving in this country, after a safe voyage, he was immediately tendered the Chair of Chemistry in the University of Pennsylvania, which he declined, on the ground that he had no desire for city life, but only wished a home in the country. This he soon afterwards secured, settling at Northumberland, the town where we are now assembled, which, at that time, was the seat of a small English colony. In order to throw a light upon the character of the man, whose decease took place in this town seventy years ago, and whose discoveries we are here to commemorate, I give the following extract written by a friend during the lifetime of Dr. Priestley: "In integrity and true disinterestedness, and in the performance of every social duty, no one could surpass him. His temper was easy and cheerful, his affections were kind, and his disposition friendly. Such was the gentleness and sweetness of his manners in social intercourse that many who had entertained the strongest prejudices against him on account of his opinions were converted into warm friends on a personal acquaintance. In his intellectual form were combined quickness, activity, and acuteness—the unfailing characteristics of genius. Another indication of his character is afforded in the opening sentence of his autobiography, wherein he says: 'As I have honored my friends and benefactors, it is necessary that I give some account of myself, and I can make no apology. If my writings have been useful I am glad, and hope they will be beneficial to my friends.'"

At the close of Prof. Croft's address, a number of letters written by Dr. Priestley during his residence in this country were read. They referred to subjects religious, chemical, and political, and were listened to with great interest, as was also a number of other reminiscences volunteered by gentlemen present. Shortly thereafter the meeting adjourned, to assemble again at 2 o'clock, but prior to the adjournment a despatch was received from the chemists assembled at Birmingham, as follows:—

"To the American Chemists assembled at Northumberland:—

"Our marble statue representing Priestley discovering oxygen will be unveiled to-morrow, presented by subscribers, through Prof. Huxley, to the town, and accepted by the Mayor. We greet you as colleagues engaged in honoring the memory of a great and good man.

"(Signed) Priestly Memorial Committee of Birmingham."

AFTERNOON PROCEEDINGS.

Prof. Lawrence Smith, of Kentucky, took as his subject the Review of the Century's Progress in Industrial Chemistry. He alluded to the contact of chemistry with the outside world, and went into a long and exhaustive examination of the improvements within the past hundred years, and their effect upon the people at large. He

argued that chemistry is really *the science* of the 19th century, which is marked by the great industries of soda, sulphur, chlorine, coal, etc. These industries, he said, created a vast power. The political, mental and agricultural interests, and their benefits, were shown to have been the result of the laborious and freewill offerings of chemists. Prof. Smith's remarks contained many points of interest concerning the great chemical industries of the day.

An address upon the "Century's Progress in Theoretical Chemistry" was delivered by Prof. T. Sterry Hunt, of Boston. He traced the progress of chemistry as an art from the earliest times, and endeavored to show that it took form and shape during the 18th century. He then alluded to the celebrated men of that era, to the men whose improvements and discoveries within the hundred years have made chemistry what it now is, and mentioned among them the names of Scheele, Priestley, and Lavoisier. The two first, he said, were great discoverers, but failed rightly to interpret their discoveries, the second of them dying in the full belief of the old system of chemistry, notwithstanding his great discovery of oxygen. The third of these, Lavoisier, seized the fact made known by his contemporaries, and, like another Newton, showed the great harmonies which govern all the changes in the mineral, animal, and vegetable kingdoms. He, with Wenzel, made chemistry a quantitative science. The speaker then touched upon the theory of compound organic radicals, and referred to experiments made. The question of the transmutation of the elements was then handled and explained.

Prof. Hunt then referred to the dissolution of bodies by heat, to the probabilities of the existence of a more elemental body than hydrogen, to the phenomena of polarization, to the wonderful experiments of modern chemistry, and to the clearer knowledge of vital chemistry. He said that the impenetrability of matter has been proved to be no longer a fact. He spoke of the great laws of equivalents, multiple properties, which govern chemical changes, and said that the atomic hypothesis in chemistry, like the Newtonian theory of light, has done good service in the past, and is wrought in our teachings of to-day, but expressed a belief that it would not retain a place in the chemistry of the next century.

Prof. P. Frazier, Jr., moved that a committee of five be appointed to report the expediency of forming a Chemical Society in the United States, and advocated at length his motion. After details, the resolution was amended to appoint a committee of five to confer with the American Scientific Society, with a view of establishing, on a firmer basis, the chemical section in that body.

At six o'clock, in the main square, the chemists assembled in order to visit the tomb of Dr. Priestley. The cemetery wherein it is located is at some distance from the town proper, and is situated at the top of a small elevation overlooking the valley of the east and west branches

of the Susquehanna. Upon their arrival at the grave the ceremonies were opened by an address by Prof. Henry Coppee, who dwelt on the virtues of the great chemist. He spoke in place of Dr. Joseph Henry, of Washington, unavoidably absent on account of sickness. The speaker referred to Priestley's wonderful devotion to science, alluded to his studies in theology, in jurisprudence and in the field of political economy; spoke of the liberality and freedom of the great chemist's views on all these subjects, and cited as illustrations his *History of England*. He passed in rapid review the many lectures delivered by Dr. Priestley, embracing subjects of varied nature.

The speaker gave a brief description of the stand taken by Priestley in the earlier part of the history of free America, and cited him as one of the greatest reformers the world has ever known. With reference to the discoveries of the distinguished subject of his discourse, the speaker recapitulated the obligation his present of science had imposed on the world, and finally, with a glowing tribute to his memory, he closed his remarks by alluding to the loss the world sustained by Dr. Priestley's death.

The persons present then proceeded to the school-house, where a lecture by Professor J. Lawrence Smith, of Kentucky, was delivered.

SECOND DAY.

On Saturday, August, 1st, the chemists reassembled at the school-house, for the celebration of the one hundredth anniversary of the discovery of oxygen, and after some preliminary business relative to the observance of the day, which, on the programme, is called "Oxygen Day," Professor J. Lawrence Smith, of Kentucky, addressed the meeting, and speaking in complimentary terms of Professor Liebig, proposed to raise a fund in aid of the statue to be erected in honor of that distinguished scientist at Munich and Giessen. He was followed by Professor Silliman on the same subject, and a sum of about \$600 was thereupon raised in furtherance of the object. The next business was the commemorative address on American Contributions to Chemistry, which was delivered by Professor Benjamin Silliman, of New Haven, Conn.

He said: "The history of modern chemistry began with Priestley at about the time of the American Revolution, but the scientific revolution was ahead of the political one." He alluded to the many men who had sacrificed themselves in the pursuance of science, and whose names were familiar ones in every household. Priestley was to chemistry what Newton had been to celestial mechanics. He divided his subject into two heads, historical and contemporary. Under the first of these he alluded to the societies for the advancement of science in the last century, to the seminaries and other channels of communication then afforded. The Franklin Institute in Philadelphia, the speaker said, was the oldest American scientific institution.

He enumerated Rumford, Priestley and Franklin as shining lights in the pursuit of science.

Franklin died just before the arrival of Priestley in America, and his decease was a great blow to the distinguished discoverer of oxygen. Rumford, although oppressed by duty, was given to science. His greatest discoveries were made in Germany, but, on account of his birth and his sympathies, we claim him as an American. As for Priestley, his writings, marked with more originality than those of Rumford, are so stamped with interest in the affairs of our country, that in claiming him as an American we do but scant justice to his memory.

He continued, if oxygen is not an American discovery we have some right to claim it as such, inasmuch as England expelled its discoverer, and it was here that he found a refuge where he could resume his labors and continue his pursuit of chemical truths. His discovery of oxygen was the means of overthrowing the phlogistic theory of chemistry, of which he himself was the strongest advocate. As a logician and writer, Priestley stood preëminent. He next reviewed the subject of scientific foundations of prizes established in colleges for chemical treatises, and said that that of Rumford, at Harvard, was the first established in this country, whilst the Magellan, in Philadelphia, and Irving, in Cambridge, came next in order. He alluded to the progress of chemistry in the United States, and enumerated the dates at which the professorships for the teaching of that science were founded in the several colleges of the Union. Princeton College was the first to establish a separate chair of chemistry. Prior to its foundation other colleges had in their medical curricula united the study of chemical science with that of medicines. Other institutions followed the example of Princeton in the succeeding order: William and Mary, University of Pennsylvania, 1779; Columbia, 1800; Yale, 1803; Bowdoin, 1805; South Carolina, 1811; Dickinson, 1811; Brown, Dartmouth, 1830; Rutgers, 1830. He passed over in rapid review the works and discoveries of distinguished chemists in the earlier period of the nation's life, and paid a glowing tribute to the memory of Norton, Winthrop, Dexter, Gorham (Harvard), Rush, Hutchinson and Woodhouse, of Philadelphia. He alluded to the University of Virginia, where such men as Emmett, Rodgers, Smith, and Mallett had held professorships.

To the American Academy of Arts and Sciences at Boston, he said, chemistry was deeply indebted. The subject of chemical discoveries was then taken up, and a long description of the oxyhydrogen blow pipe discovered by Dr. Hare was given. Dr. Hare was far in advance of his time, deserving the name of discoverer as well as inventor, and richly meriting the Rumford medal bestowed upon him for his discovery. The speaker referred to other distinguished chemists, among them Lubert, Joseph Henry, Alex. Bache, J. W. Beuley, and W. C. Wells, to the latter of whom he paid a warm tribute. The scientific awakening in 1845 was next debated upon, the numerous discoveries

and improvements made in the study of chemistry being alluded to, as well as the organization of the Smithsonian and other institutions of scientific research. On the subject of schools of science much was said, as upon the kindred subject of scientific lectures. Finally, he closed with a brief review of what the world owed to America in the field of chemical research, and recapitulated the discoveries and inventions made in this country within the last century.

At the conclusion of Professor Silliman's address a letter from Professor Barnard, of Columbia College, was read, explaining his absence.

A report from the Finance Committee was heard, and a motion for the devotion of the surplus funds in the treasury to the purchase of an album for pictures and photographs was adopted. Power was granted to the Philadelphia Committee to increase its number at pleasure.

At the close of proceedings the chemists assembled passed a vote of thanks to the Music Committee, Carriage Committee, and Board Committee, to Professors Coppee and H. Carington Bolton, and regrets that Professor Henry could not attend. An adjournment to August 1, 1874, was then made.

Health of Philadelphia.

Although great progress has been made in England during late years towards reducing the annual death-rate among urban populations, the mortality unquestionably still remains too high. Many authorities hold that with stringent hygienic regulations, better dwellings, more perfect drainage, and an unlimited supply of pure water, the death-rate in towns might be reduced nearly to the level of that existing in rural districts. This assertion appears fully borne out by the condition of Philadelphia, which is rapidly becoming the healthiest city in the United States. During the last week in June the rate of mortality was only 1.7 per thousand of the population, although that month is generally exceptionally unhealthy, owing to excessive heat. Many reasons are given for this immunity from disease. According to all accounts, the Quaker City is remarkable for cleanliness, and for the absence of those nuisances which pollute the air, especially during hot weather. But perhaps the most powerful cause of its healthiness is to be found in the fact that, while the houses are not crowded together, as in most towns, the average number of residents in each is comparatively small. Instead of living in wretched dens, and breathing an atmosphere vitiated by foul exhalations, the working classes in Philadelphia enjoy the advantage of comfortable dwellings, constructed with regard to sanitary requirements, and affording ample supplies of air and light. In London it is common to find large families inhabiting single apartments, without regard to the commonest considerations of decency. But in Philadelphia this demoralizing influence

would be viewed with horror by the lowest grades of the working classes. As might have been safely predicted, the possession of decent homes tends to raise the whole social condition of the poorer Philadelphians. The extreme cleanliness of their inhabitants is a constant subject of remark to European visitors, who attribute the fact to the influence still exercised over the community by memories of William Penn and other Quaker founders of the city. This influence gives many signs of its existence. Few people in the world are so careful as the Philadelphians, in regard to the quality of their food supply. Anything savoring of adulteration is at once rejected, and their notions of the degree of freshness in vegetables, fruit, meat, eggs, and butter are said to be almost ludicrously strict. Although the very poor cannot afford to be equally punctilious in regard to their nourishment, the example set by the wealthier classes causes even them to display what would be deemed over-niceness by well-to-do workingmen in London. But perhaps the strongest proof of the beneficial influence still exercised by remembrance of Quaker ideas and practice is seen in the proud local boast that Philadelphia possesses more bathing rooms than any other city in the world. When will the metropolis of England be able to vaunt the same? —*London Globe.*

Items.

—Dr. T. R. Jennings, a prominent physician of Nashville, committed suicide at Narragansett Pier, Rhode Island, on the morning of Tuesday, the 7th inst. His niece, a daughter of Governor Wise, of Virginia, was with him at the Pier. Dr. Jennings was a son of Rev. Dr. Obadiah Jennings, formerly pastor of the First Church of Washington, Pa., and Moderator of the General Assembly in 1822. Dr. T. R. Jennings graduated at Washington College, Pa., in 1823, where also Hon. Henry A. Wise (afterwards his brother-in-law) graduated in 1825. He was for a long time a Professor in Nashville Medical College, and occupied the foremost rank in his profession. His act was due to some mental hallucination.

—On Sunday morning Dr. John Washington, of Elizabeth, was found dead in his office at No. 48 Cortlandt street, New York. He was over eighty years old, and leaves a large estate. His real name was John Henry August Van Reichten, but by an act of the Legislature, in 1874, it was changed to John Washington. Some years ago the Doctor lost his only son, to whom he was tenderly attached. He built a vault in Evergreen Cemetery, with a kind of chapel in it, with reading desk and seats and suspended lamp. He was an eccentric person, given greatly to suits at law, and paying large sums to his counsel.

—Dr. Lewis Janes, of Swanton Centre, died on Sunday, aged nearly 79. He was an old resident, a good physician, and a highly esteemed citizen.

—The English medical journals come to us laden with the arrangements for the meeting of the British Medical Association. Shortly they will teem with the sayings and doings of this body.

OBITUARY.

GEORGE FABYAN, M. D.,
Of Boston, Mass.

When a good man dies, there is an instinctive wish to preserve, for the improvement of those who are left behind, whatever is excellent, and especially if it be of a practical character.

We first became acquainted with him in 1832. He was then a young man, a student of medicine, and was studying with one of the most eminent surgeons of Maine. He obtained his diploma at the Medical College in Brunswick. During his studentship he came under the influence of religion; indeed, it may be said he was always seriously impressed, but at this time (in 1832) we received him into the Methodist Episcopal Church in Portland. He subsequently became a member of the Hanover Street Church, Boston, of which we happened to be pastor at the time. We think it may be said of him that religious convictions, even of the higher type, always controlled him. He was a man of much modesty in all his professions, but in his household he maintained an unusual kindly but controlling influence, and has left his impress upon every member of the family, so that in each relation, as a father and husband, every duty seemed perfected, every obligation met.

As a physician he stood well up in his class. Careful, thorough in his investigations, perpetually watchful, never hazardous, he was successful beyond many of his peers. His presence was charming, always cheerful, and the chamber of the sick was kept to a degree cloudless, while by his gracious manner the confidence of his patients was secured.

Dr. F. was a man of sterling integrity. As a Christian, among his brethren he always took distinguished rank. A large circle of Christian friends will long remember him. The poor were never neglected by him; he sought them, as few physicians of his day, and his care of them was equal to that extended to those who compensated his labors.

So far as death may be robbed of its terrors and forbidding surroundings, his last hours were delightful. He was 65 years of age, and from apparent good health was suddenly prostrated, and sick for only a few days; but he seemed well prepared for the event. He had conversed upon the topic with intimate friends, and had admonished them, as well as himself, how suddenly they each might be called. So prostrating was the disease that he could scarcely converse with any one; but he expressed his pleasure that he was the first to go from the circle of his household, and gave them the assurance that he was not unapprised of what was coming. Though he could utter but few words, yet these were full of thoughtfulness and interest for all around him. After slumbering, at one time, he aroused gently, and distinctly whispered, "Sleeping in Jesus." The conversations with his wife and children left only the most pleasurable views of the past and the future, and he leaves for his friends, and especially to his bereaved family, the legacy of an upright and successful life, and a precious death.—*C. in Zion's Herald.*